# MANAGED CARE RESOURCE GUIDE

Department of Medical Assistance Services

## 12. Referral and Prior Authorization Requirements

# Medical Services Referral and Prior Authorization (PA) Requirements

| MCO | PCP REFERRAL REQUIRED | PRIOR AUTHORIZATION REQUIREMENTS |
|---|---|---|
| *Amerigroup Community Care* | No referral needed for an in-network specialist. | Inpatient admission and services, skilled nursing services, chemotherapy, cardiac rehab, Non-routine diagnostic testing (CAT, MRA,MRI, PET scans, nuclear cardiology), genetic testing, DME, home healthcare, hospice, pain management, selected pharmacy, podiatry, PT/OT/Speech therapy, non-par/out of area services, chiropractic, dermatology, ENT, gastroenterology, neurology, ophthalmology, oromaxillofacial plastic/cosmetic services, and inpatient and outpatient mental health and substance abuse services.<br>For procedure specific rules, please visit www.amerigroupcorp.com/providers<br>Under "Quick Tools" Select "Precertification Lookup" |
| *Anthem HealthKeepers Plus* | No referral needed for an in-network specialist. | All services other than routine x-rays, mammograms, limited diagnostic testing and gynecological visits, PCP visits and participating specialist visits.<br><br>Anthem HealthKeepers Plus prior authorization -- 1-800-533 -1120 |
| *Southern Health CareNet* | No referral needed for an in-network specialist. | Cardiac rehabilitation, clinical trials, DME, home health care or services, hospital observation stays, inpatient hospital care, MRI, MRA and PET Scans, outpatient surgery, pain management services/programs, polysomnograms, services performed by a non-participating provider, physical, occupational and speech therapy, and all inpatient and outpatient mental health and substance abuse services, AICD, bi-ventricular pacemaker, dental accidents, injectable drugs and neuropsychological testing, insulin pump and supplies, pulmonary rehabilitation, CT Scans, Genetic Testing, Hyperbaric Oxygen, Intensity-modulated Radiation Therapy, Non-Implanted Prosthetic Devices, Nuclear radiology, Nutritional Formulas and Supplements, OB ultrasounds(beginning with 3rd ultrasound), Oral Surgery, Orthotics, Stress Echocardiograms, Transplant Consultations, evaluations, and testing/transplant procedures. Biofeedback Therapy, Molecular Diagnostic Testing. |
| *MajestaCare-A Health Plan of Carilion Clinic* | No referral needed for an in-network specialist. | All Inpatient services and the following outpatient services: surgical services, Home based services including hospice; Therapy (with the exception of therapy diagnostic analysis and therapy evaluations); MRI, MRA, Angiography, PET scans; in general, the following DME requires authorization: Hospital beds, Wheelchairs, Oxygen, CPAP; Orthotics / Prosthetics, Implantable devices , Electronic devices, Implantable breast prosthetics, Injectable bulking agents; Acupuncture , Sleep studies, Osteopathic manipulation and chiropractic services , Genetic or infertility counseling or testing services, Specialized Multidisciplinary Services, Enteral feeding supply and formulas, additives all pumps, All Unlisted Codes require authorization |
| *Optima Family Care* | No referral needed for an in-network specialist. | Non-formulary drugs, inpatient care, outpatient and surgery services including some diagnostic testing, inpatient mental health and substance abuse, DME (including hearing aids), early intervention, home health, hospice care, orthopedic and prosthetic appliances, physical therapy, occupational therapy and speech therapy, private duty and skilled nursing. |
| *Virginia Premier Health Plan* | No referral needed for an in-network specialist. | All inpatient hospital services, some outpatient hospital services, out of network services, DME, home health, PT/OT/ST, prosthetics and orthotics, skilled nursing. Visit our web site at www.virginiapremier.com, Medical Management, Utilization Management to review our General Rules for our authorization requirements. This site includes the authorization requirements for all CPT, Revenue and HCPCS codes. |
| *Fee-for-Service* | | For prior authorization visit: -- http://www.dmas.virginia.gov/pr-prior_authorization.htm<br>KePRO – All inpatient Treatment Stays, except for normal newborn-normal nursery, normal vaginal deliveries, and Cesarean section deliveries billed with ICD-9 CM Procedure codes 74.1-74.9 with a length of stay of 5 days or less; PT/OT/ST over the 5 visit per fiscal year limit; Non-emergent MRI, PET, and CAT scans, Home Health Skilled Nursing and PT/OT/and ST over the 5 visit per fiscal year limit; Outpatient Psychiatric visits over the 26 annual limitation in the first year of treatment and all visits each year thereafter; Treatment Foster Care Case Management, Psychiatric Residential Treatment, Intensive In-Home Services (under age 21) beyond 12 weeks of treatment; DME – per the DME Manual Appendix B; Home and Community Based Waiver Services – some handled by KePRO, some handled by DMAS; some handled by DMHMRSAS. Reference: http://www.dmas.virginia.gov/downloads/pdfs/pr-pa_Waiver_Matrix.pdf<br><br>**KEPRO Information** -- iExchange: http://dmas.kepro.org/ **Toll Free Phone:** 1-888-827-2884 **Local Phone:** (804) 622-8900 **Fax:** 1-877-652-9329<br>**Mail:** 2810 N. Parham Road, Suite 305, Richmond, VA 23294 **Other Provider Issues:** ProviderIssues@kepro.org |

Medicaid MEDALLION and Fee For Service (FFS) Prior Authorization Requirements Continued - DMAS Medical Support - DMAS continues to handle prior authorization in-house for: out of state placement, organ transplants, certain medical/surgical procedures, and prostheses. For more information, refer to the DMAS website at: http://websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/phy/appendixD_phy.pdf. Send requests for these procedures to: Moses N. Adiele, M.D., Medical Director, DMAS Medical Support Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219 Phone - 804-786-8056 Fax - 804-786-0414

Hospice Services are handled by the Department of Medical Assistance Services Facility and Home Based Services Unit. Refer to Hospice Manual for admission criteria:

# Authorization Process for PT, OT and Speech Therapies

| MCO | PCP REFERRAL REQUIRED | PRIOR AUTHORIZATION REQUIRED | UTILIZATION REVIEW PROCESS |
|---|---|---|---|
| *Amerigroup Community Care* | No | Yes – for all services after initial evaluation. All children of school age should be evaluated for school-based Speech Therapy prior to preauthorization at a non-school-based location. | Preauthorization may be either called in (800-454-3730) or faxed (888-393-8978). |
| *Anthem HealthKeepers Plus* | No | No, unless under age 3. | Physician or therapist request prior auth for evaluation. Utilization review will be performed for continued authorization of visits. Updates will be required as needed for additional visits. |
| *CareNet – Administered by Southern Health Services, Inc* | No | Yes – for all services after the initial evaluation | Therapist submits plan of care for authorization of services. Utilization review frequently for continued authorization of visits. |
| *MajestaCare-A Health Plan of Carilion Clinic* | No | Yes- all services after the initial evaluation | Send preauthorization requests to MajestaCare the following ways:<br>■ Submit requests via Provider Portal @ www.Majestacare.com<br>■ or call (toll-free) 1-866-996-9140<br>■ Or FAX (toll-free) 1-855-388-0430 |
| *Optima Family Care* | No | Yes – for all services after initial evaluation. | Therapist submits plan of care for authorization of services. Utilization review frequently for continued authorization of visits. |
| *Virginia Premier Health Plan, Inc.* | No | Yes | Therapist requests prior authorization for initial evaluation. If additional visits are needed, therapist will send requested services with Plan of Care and evaluation. |
| *Fee For Service* | Yes | Yes – for all services after the 5 visit limit per fiscal year (July 1 – June 30th) | Send preauthorization requests to the DMAS Preauthorization Contractor (KePRO). Submit requests via iExchange @ http://dmas.kepro.org/ or call<br>804-622-8900 or 1-888-827-2884<br>Or FAX – 1-877-6529329 |

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# Medicaid/FAMIS MCO Behavioral Health
# Authorization and Referral Requirements

***All MCOs require prior authorization for inpatient admissions; no PCP referral is required***

| Health Plan/Contact Information | Outpatient Authorization/Referral Required? |
|---|---|
| ***Amerigroup Community Care***<br><br>Providers call: 1-800-454-3730 | No prior authorization required for participating providers for most services; services from non-participating providers require prior authorization.<br><br>Psychological/neuropsychological testing and electroconvulsive therapy require authorization.<br><br>No PCP referral required |
| ***Anthem HealthKeepers Plus***<br><br>Providers call: 1-800-991-6045 | No prior authorization required for psychological testing.<br><br>Neuropsychological testing and electroconvulsive therapy require authorization.<br><br>No PCP referral required |
| ***Southern Health CareNet***<br><br>Providers call MHNet: 800-975-8919<br>www.mhnet.com | No prior authorization required for participating providers for members 21 and younger; services from non-participating providers require prior authorization.<br><br>Psychological/neuropsychological testing and electroconvulsive therapy require authorization.<br><br>No PCP referral required. |
| ***MajestaCare-A Health Plan of Carilion Clinic***<br><br>Providers Call:1-866-996-9140<br>Service Authorization FAX # 1-855-388-0430<br>www.majestacare.com | No service authorization required for participating providers; services from non-participating providers require prior authorization.<br><br>Psychological/neuropsychological testing and electroconvulsive therapy require authorization.<br><br>No PCP referral required |
| ***Optima Family Care / Optima Behavioral Health***<br><br>Providers call: 757-552-7174 or 800-648-8420<br><br>Pre-authorization fax:<br>757-552-7176 or 888-576-9675 | No prior authorization required for participating providers; services from non-participating providers require prior authorization.<br><br>Electroconvulsive therapy requires preauthorization.<br><br>No PCP referral required |
| ***Virginia Premier Health Plan***<br><br>Contacts:<br>Tidewater - 800-828-7989<br>Richmond/Central/Western - 800-727-7536<br>Southwestern - 888-338-4579<br>www.vapremier.com<br>Pre-authorization –<br>800-727-7536 ext 5709 or FAX – 800-827-7192 | No prior authorization required for participating providers; services from non-participating providers require prior authorization.<br><br>Psychological/neuropsychological testing and electroconvulsive therapy require authorization.<br><br>No PCP referral required |

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## MCOs Honoring Prior Authorizations

- Contracts require the MCO to honor all services prior authorized by DMAS, its contractor, or another MCO.

- If a member was receiving home health visits, for example, this service should continue without interruption. This may allow the MCO to review the service for medical necessity within the utilization review process to determine continued needs and to determine if the criteria for medical necessity are being met.

- MCOs may also change the provider to one of their own contracted providers on a timely basis so as not to delay or stop the continuity of care being provided.

- Children covered by a MCO under Medallion II who have services prior authorized for coverage under the Medallion II MCO, but then become covered by that same plan under FAMIS, can receive the authorized service, as long as the service is covered by FAMIS.

- The MCO is not required to cover transplant procedures determined to be experimental or investigational. However, scheduled transplantations authorized by DMAS must be honored by the MCO, as with all authorizations, until such time that DMAS can disenroll the member from the MCO, if applicable, if the transplant is scheduled concurrent with the member's enrollment with the MCO.